

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL035017	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 08/06/2015
NAME OF PROVIDER OR SUPPLIER THE JORDAN		STREET ADDRESS, CITY, STATE, ZIP CODE 90 COTTRELL ROAD LOUISBURG, NC 27549		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{C 000}	Initial Comments Report by Greg Williams DHSR Construction Section conducted a Biennial Follow-up Survey on August 6, 2015 from 11:30 AM to 12:30 PM at the above referenced facility. Not all previously cited deficiencies were corrected. Therefore, further action is required.	{C 000}		
{C 174}	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 8. Observations revealed that the right bay of the garage had flooded. There were boxes and furniture stored in the garage that were sitting in water and the water was damaging the items stored. Verify the source of the leak and make any necessary repairs. Remove or relocate the stored items to prevent further damage. Provide documentation of the repairs. 08/06/2015 GW - The Deficiency remains outstanding. as previously requested verify the source of the leak and make all necessary repairs. Remove or relocate the stored items to prevent further damage. Provide documentation to our office when corrected.	{C 174}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE